MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26650

1. PLACE OF DEATH
County Jackson — Registration District No. 533 — File No.
Township Raw — Primary Registration District No. — Registered No. 3405
City K. C. Mo (No. Trinity Lutheran Hosp, St. Ward)

2. FULL NAME Robinson - Mrs. Frank Marna

(a) Residence, No. Neosho — Mo. St., Ward. Neosho, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Frank Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

FATHER
13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Trinity Hospital Records, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Neosho, Mo. DATE: 8-27-33

19. UNDERTAKER (ADDRESS): Freeman Mortuary, Kansas City, Mo

20. FILED 8-27-1933 — M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1933, to 8/27, 1933
I last saw her alive on 8/27, 1933 Death is said to have occurred on the date stated above, at 6:15 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Acute Bacterial Endocarditis	April 1 1933
Other contributory causes of importance: Terminal Pneumonia (Right)	Aug. 20 1933

Name of operation: None — Date of:
What test confirmed diagnosis: Clinical — Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Jas. E. Welch, M. D.
(Address) 836 Professional Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.